

FIG. 1

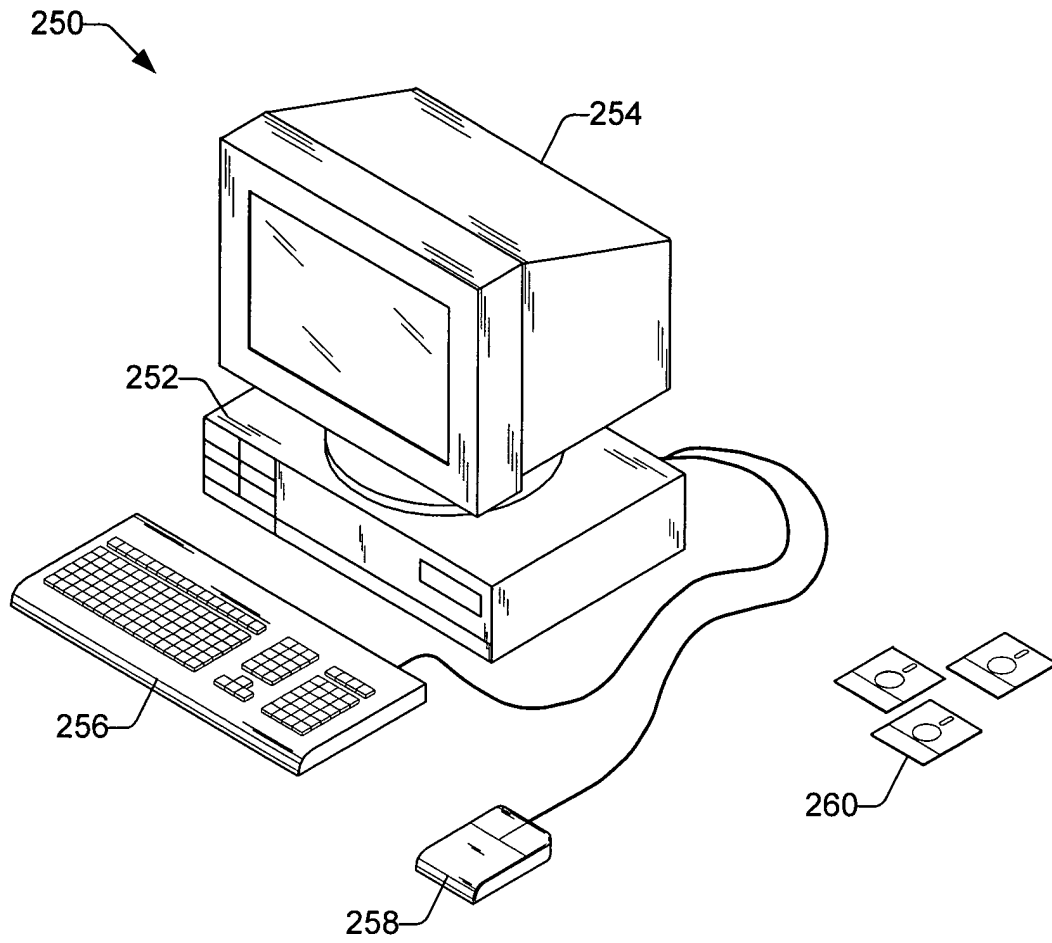


FIG. 2

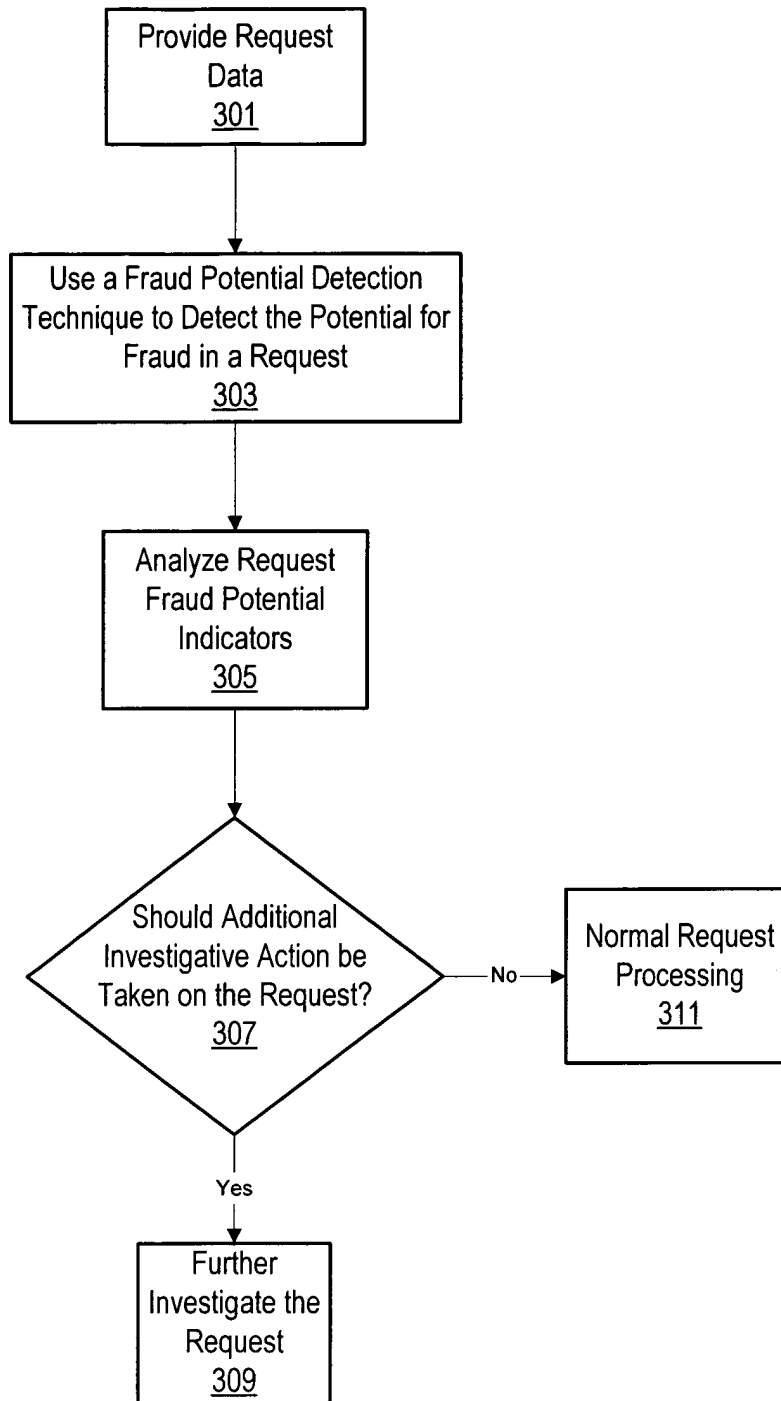
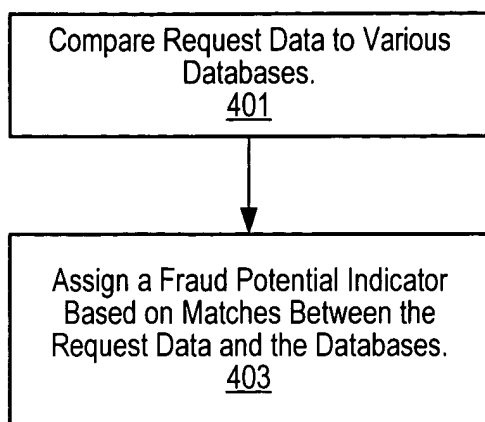
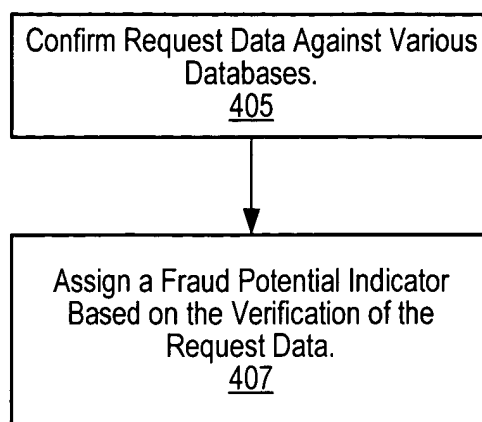


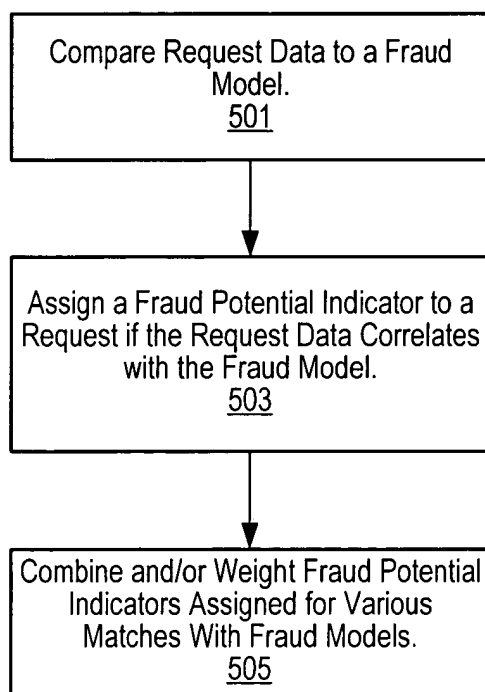
FIG. 3



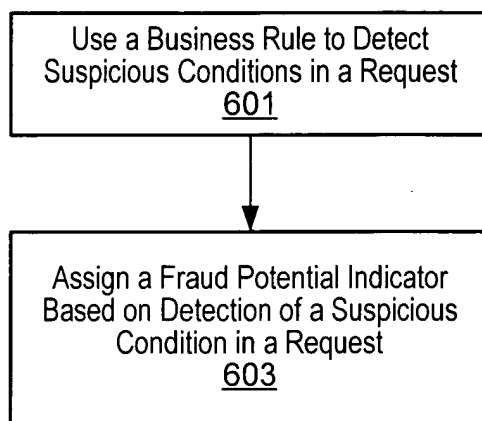
*FIG. 4a*



*FIG. 4b*



*FIG. 5*



*FIG. 6*

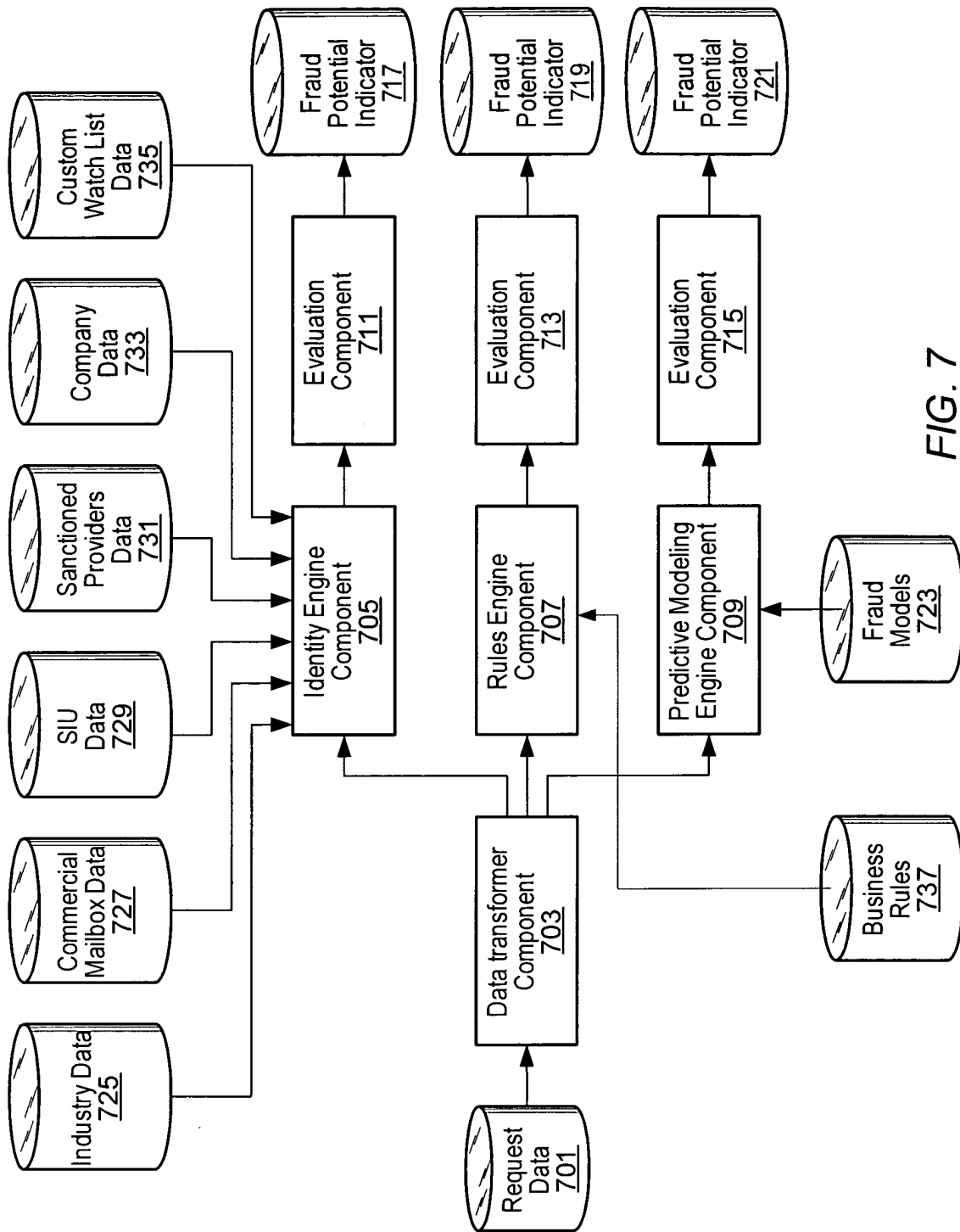


FIG. 7

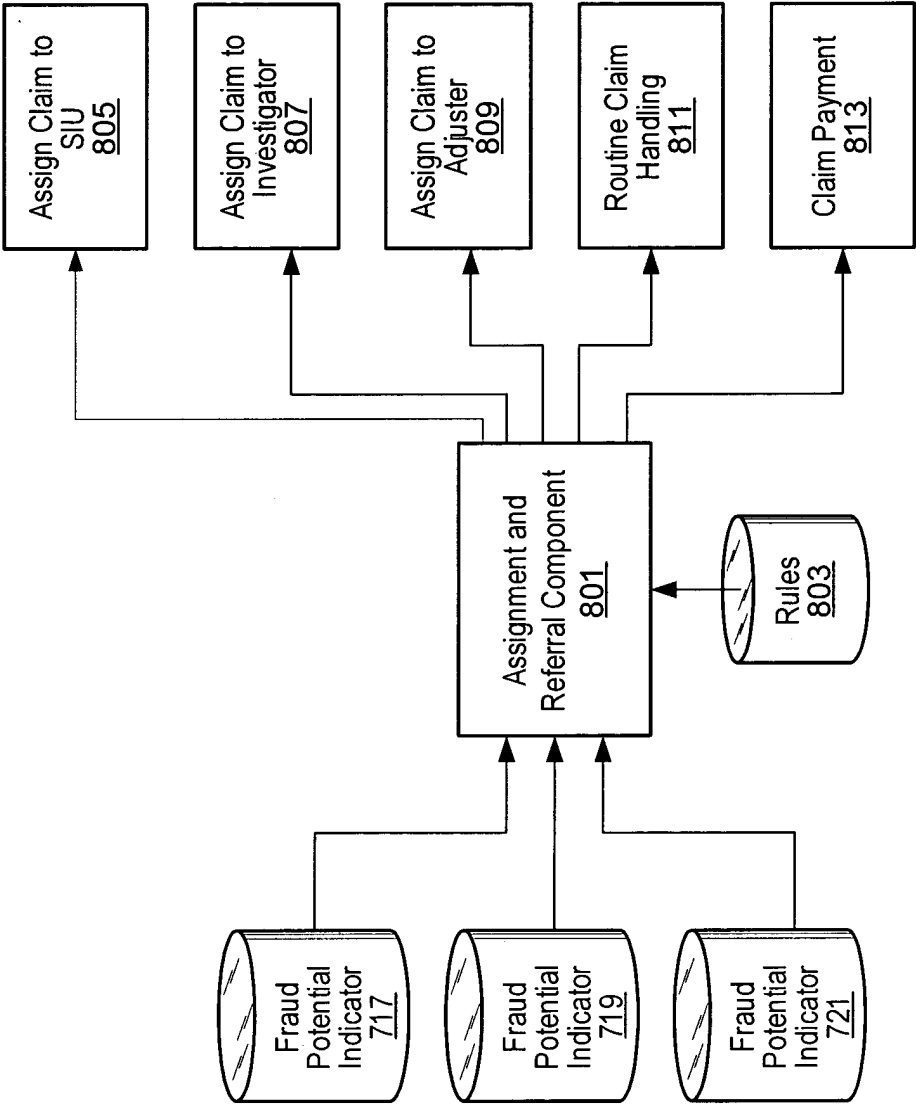


FIG. 8

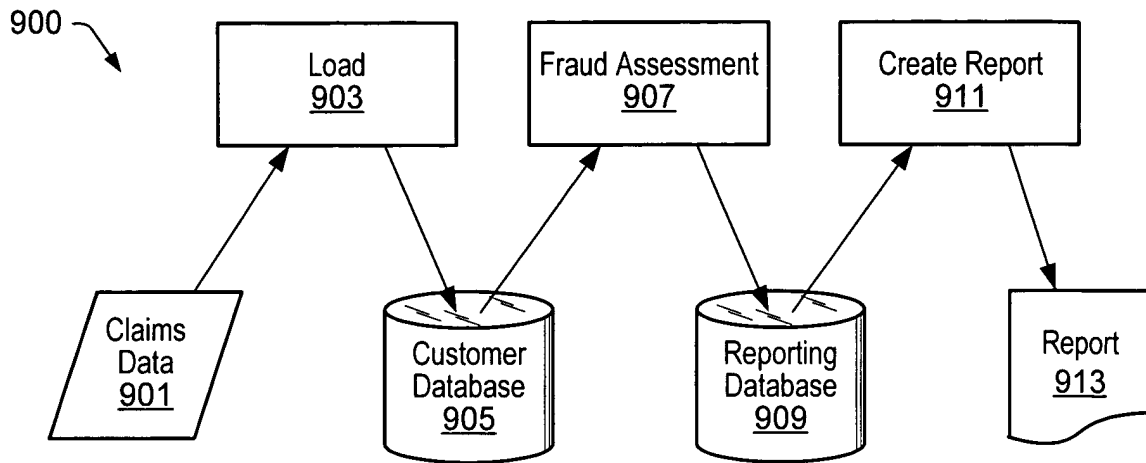


FIG. 9

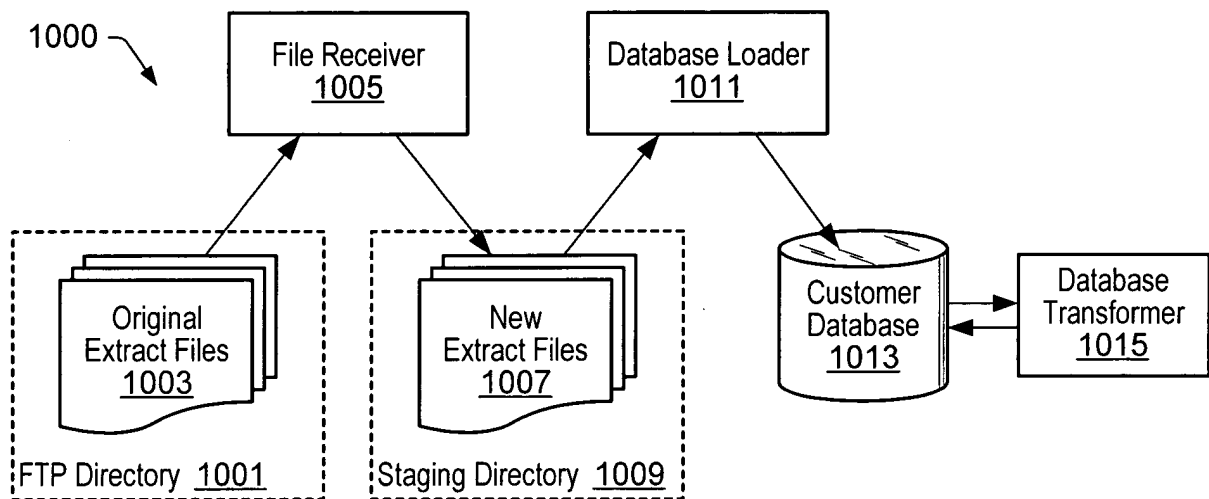


FIG. 10

Claim Summary				
Claim Number	1215498	DOL	12/02/2002	DOR
Accident Description		Loss Location		Policy Number
1999 Volvo Station Wagon		Intersection at Oak & 3 <sup>rd</sup> Streets		51598488522-1
1999 Volvo Station Wagon				
Object ID	236	Vin Number	W2E125EW581GE338E	Registration
- Involved Vehicle		LKE 1589		
+ John Smith		Address		Injury Description
+ John Smith Jr		123 Main Street, Gopher, LA 55896		Minor Injury
		123 Main Street, Gopher, LA 55896		Minor Injury
- Involved Vehicle				
2000 Honda Accord				
Object ID	236	Vin Number	TE485WST6TE86845	Registration
- Involved Vehicle		U51-ER85		
Henry Higgins		Address		Injury Description
		1505 S. Cockney Lane, LA 55896		Minor Injury
- Related Party				
Smith & Smith		Address		Role
Western Auto Repair		315 Main Street, Gopher, LA 55896		Attorney
		7461 W. 5 <sup>th</sup> Street, Gopher, LA 55896		Repair Shop
Return to Prior Screen				

FIG. 11

1103

1105

1107

1109

1111

1101



Watch List Display

1205		1211		1213		1215		1217		
Date Entered	Region	Author	DBA Name	Business Name	Last Name	First Name	M.I.			
10/23/02	A	Tom Jones	Smith & Smith, Inc.	Smith & Smith						
10/21/01	C	Fred Williams	Twisted Chiropractic	Franklin Chiropractic						
10/22/02	B	Shane Castle			Richardson	Kevin				
10/24/02	A	Tom Jones	Joe's Tow Service	Joe's Towing						
10/24/02	B	Shane Castle	Diversified Collision	Diversified Collision						
10/22/02	C	Fred Williams	Spittsville Family Medical Center	Spittsville Medical Center						

1201

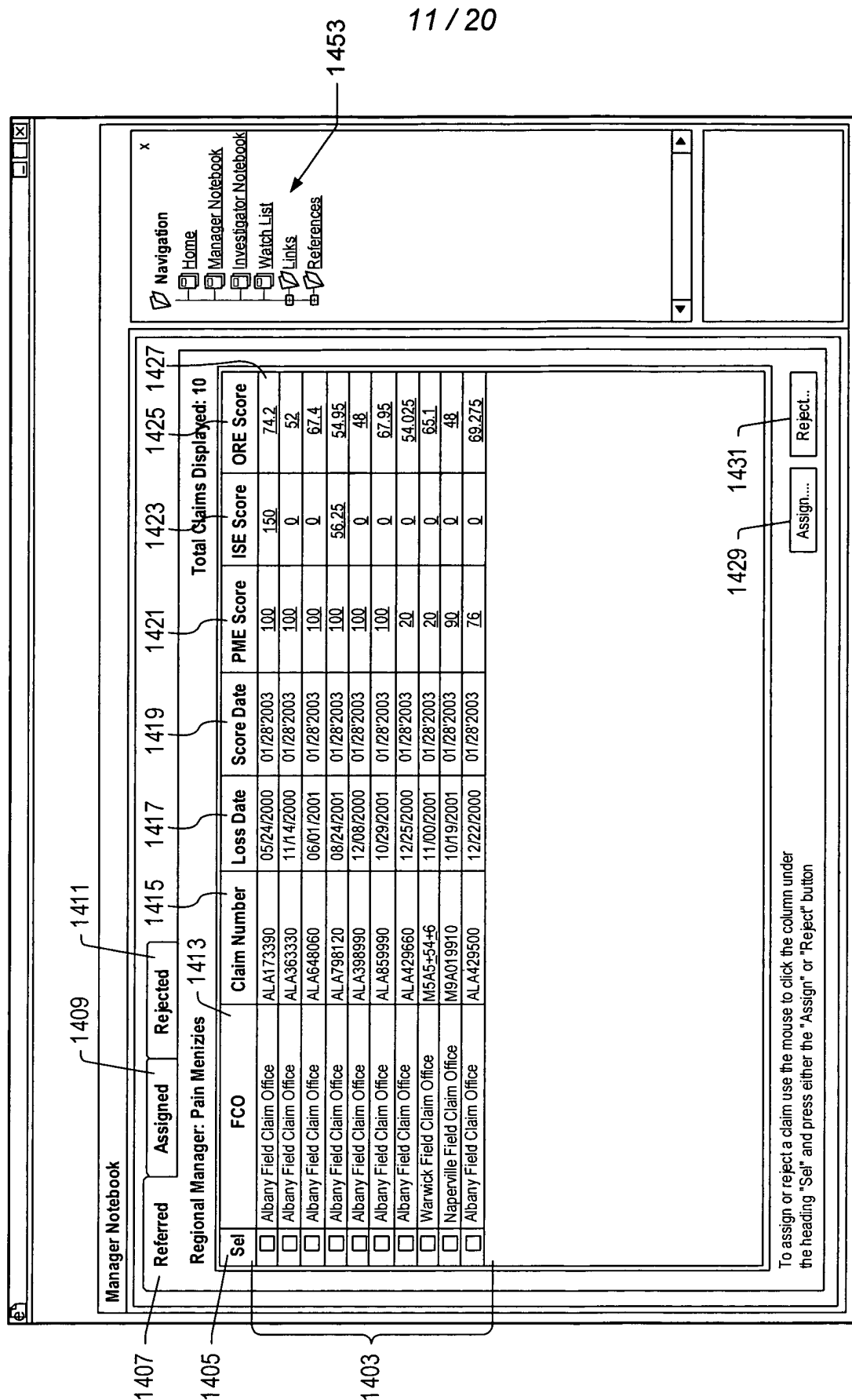
1207 Add 1209 Update

FIG. 12

Watch List Add/Update			
<div>Business Information</div> <div> <div>DBA Name</div> <div>Twisted Chiropractic</div> </div> <div> <div>Business Name</div> <div>Twisted Chiropractic</div> </div> <div> <div>Address</div> <div> <div>Street1</div> <div>Street2</div> <div>City</div> <div>State</div> <div>Zip</div> </div> </div> <div> <div>Business Phone</div> <div>Area</div> <div>Number</div> <div>TIN</div> </div>			
<div>Personal Information</div> <div> <div>Name</div> <div> <div>Last</div> <div>First</div> <div>MI</div> </div> </div> <div> <div>Address</div> <div> <div>Area</div> <div>Number</div> <div>SSN</div> </div> </div> <div> <div>Home Phone</div> <div>Area</div> <div>Number</div> </div>			
<div>Role</div> <div> <div>Source</div> </div> <div>Comments</div>			
<div>1303</div> <div>Submit</div>			<div>1305</div> <div>Cancel</div>

FIG. 13

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FIG. 14

1401

1501 1503 1409 1505 1507 1509 1511 1513 1515 1517

Manager Notebook

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Referred Assigned Rejected

Regional Manager: Randy Davis

Total Claims Assigned: 26

SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Days Assigned	Inv Status	Claim Status
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL4128883	11/04/1999	01/29/2003	100	0	87.15	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL2957127	06/09/1996	01/28/2003	100	0	97.475	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA204610	04/14/2000	01/28/2002	100	0	92.6	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA267500	08/19/2000	01/28/2003	100	0	67.8	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA372230	10/23/2000	01/28/2003	100	0	90.175	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA281575	12/19/2001	01/28/2003	100	0	58.4	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA405630	12/12/2000	01/28/2003	100	0	27.2	0	New	Subra
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA411730	11/14/2000	01/28/2000	100	0	68.5	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA450330	01/04/2001	01/28/2003	100	0	74.4	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	MDA015720	11/10/2001	01/28/2003	100	0	72	0	New	Activ

Show All Filter... Assign

To re-assign a claim use the mouse to click the column under the heading "Sel" and press the ReAssign button. To narrow the displayed list press the "Filter" button.

FIG. 15

1519 1521 1523 1525

1603 1605 1607 1411 1609 1611 1625 1627 1629 1637

1635 1601

**Manager Notebook**

**Referred Assigned Rejected**

**Regional Manager: Randy Davis**

**Total Claims Rejected: 59**

SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Reason Rejected	Rejected Date	Claim Status
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA221410	09/02/2001	09/10/2003	100	450	38	Valid Score-Satisfactory Review	09/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA446650	01/16/2003	01/30/2003	100	0	50	Faulty PME Score	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	DAA691970	01/02/2003	02/19/2003	22	0	104	Faulty PME Score	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA169480	09/30/2001	01/20/2003	28	0	23.6	Valid Score-Satisfactory Review	02/04/2003	Subr
<input type="checkbox"/>	Davis	Randy	St Louis Field Claim Office	SLA066760	04/04/2000	02/13/2003	95	0	20	Faulty PME Score	02/04/2003	Resp
<input type="checkbox"/>	Davis	Randy	St Louis Field Claim Office	SLA249750	08/05/2001	02/16/2003	98	0	56	Valid Score-Satisfactory Review	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	4W0016909	01/07/1999	02/10/2003	98	0	59.375	Valid Score-Satisfactory Review	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA434870	12/14/2002	01/30/2003	98	0	70.6	Faulty PME Score	02/04/2003	Subr

Assign

To assign a claim use the mouse to click the column under the heading. Set and press the "Assign" button

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**FIG. 16**

Investigator Notebook

Predicative Modeling Engine Summary

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Identity Search Engine Summary

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1715

Claim Number: ALA571230

1707

Involved People

Points	Name	Address	City	State	Zip	Met Claims	SIU	NICB	Comm Mlbx	Watch Li
43	ROWAN, JOHN	217 SOUTH DIVISION ST	PEEKSKILL	NY	10566		1	0	0	
43	DABA, PETER	1074 CROMPON DR	PEEKSKILL	NY	10566		1	0	0	
42	MUNDA, ERIC	197 ROCKLEDGE AVE	BUCHANAN	NY	10511		1	0	0	
43	DABA, STEVE	1874 CROMPON DR	PEEKSKILL	NY	10566		1	0	0	
0	GEBERT, ERIC	UNK					0	0	0	

1717

1705

Involved Organizations

Points	Name	DBA	Address	City	State	Zip	Sanctioned Drs	NICB	Comm Mlbx	Watch List
0	Helix Memorial Hospital		701 N Broadway	N Tarrytown	NY	10591	0	0	0	
0	Hudson Valley Hospo		1900 Crampond Rd	Peekskill	NY	10566	0	0	0	
0	Cin Cortland Community Ormq		1985 Crampound Rd	Peekskill	NY	10566	0	0	0	

1723

1703

Involved Vehicles

Points	Vin Nbs	License Info	Met Claims	SIU	NICB
47	W1NA3530R0514912	BX918W		1	0
47		AV709L		1	0
47		BX5991		1	0
47		2900NE		1	0

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FIG. 17

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Identity Search Engine Results				
Claim Number	154985	Points		52
S-1 Met Historical Database				1817
Source Name	Shelia Thompson	Address	5815 N. Treeling Dr., Gopher, LA 55895	
Matches				
Claims	Match Name	Match Address		
151984	Shelia Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
545233	Shelly Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
125984	Shawn Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
1809				
1805				
S-2 NICB Database				
Source Name	Shelia Thompson	Address	Points	65
1811				1813
Matches				
Record #	Match Name	Match Address		
15941518	Shelly Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
55984898	Shawn Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
1807				
1803				
1801				

FIG. 18

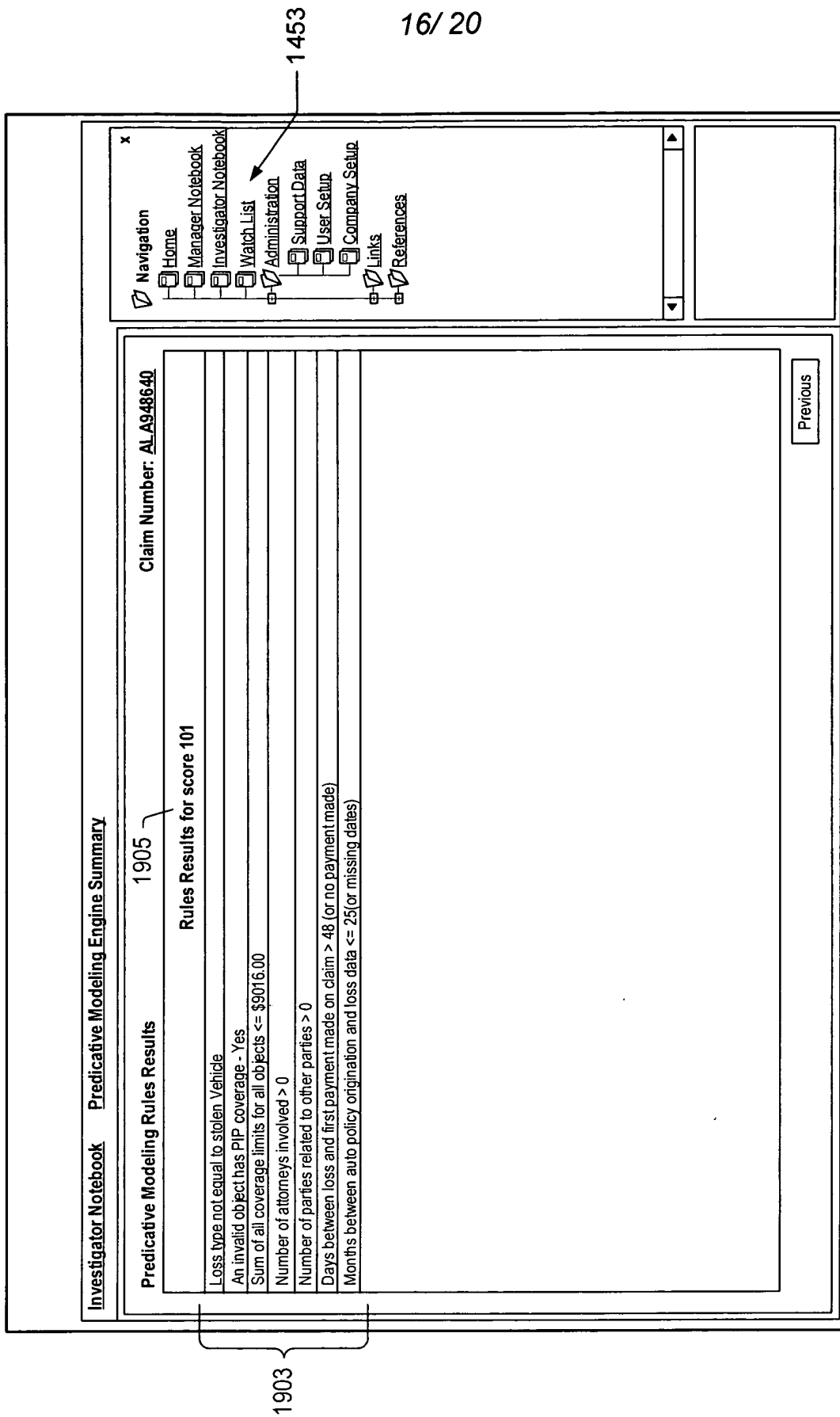


FIG. 19



Investigator Notebook

Business Rules Summary

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Claim Number: ALAB878960

SIU Business Rules Summary

2009

Points

Reason for score

22

B-1 Injury Type

28

B-2 Loss type is left turn

0

B-3 Diff Between Date of Loss Vs Date of Report is: 0

0

B-4 is not scored as Nbr of Renewals is 24

0

B-5 Diff Between Date of report Vs policy Exp Date is: 92

0

B-6 Police Report Filed: Y

0

B-7 Reported By Insured

0

B-8 Number of Vehicles is 2

50

Total Score

To view additional information about Injury Type use the mouse to click on "Injury Type" in the table above.

Accident Description

clmt made a left hand turn at an intersection cutting off insd

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FIG. 20

2001 ↗

2007

2005

2003

Investigator Notebook > Business Rules Summary > Business Rules Detail

SIU Business Rules Detail      2109      2111      Claim Number: ALAB878960

Points	Name	Injury Description
2	RATCLIFF, JENNIFER A	minor injury (superficial/ abrasion/ contusion)
2	DEPAUL, RYAN	minor injury (superficial/ abrasion/ contusion)
2	RATCLIFF, TIMOTHY A	Unknown
22	Total Score	

2107

2105

2103

2003

Accident Description

clmt made a left hand turn at an intersection cutting off insd

2101

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FIG. 21

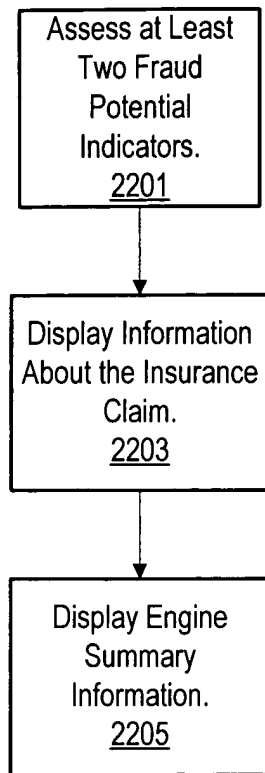


FIG. 22

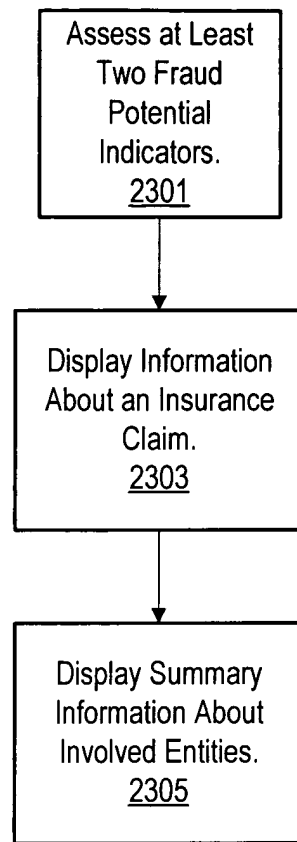


FIG. 23

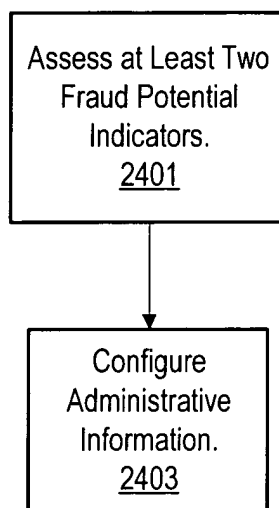
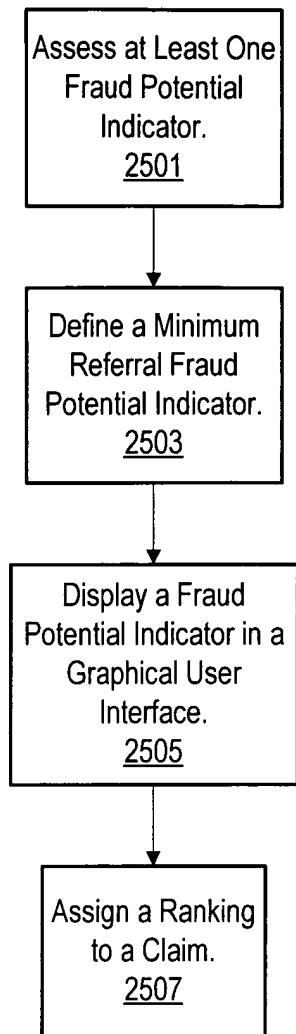
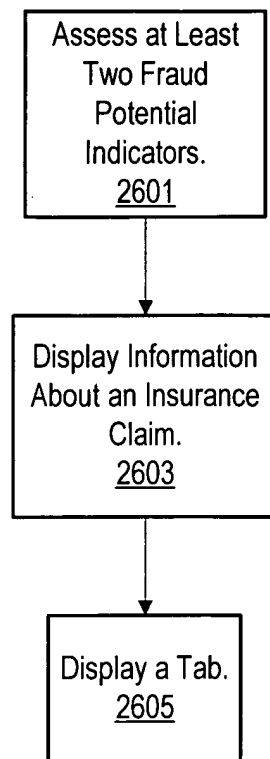


FIG. 24



*FIG. 25*



*FIG. 26*